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APPLICANTS

William Joseph Jacob, Kansas City, MO;

** CONTINUING DATA ***** *NONE ASL 2/9/07*** FOREIGN APPLICATIONS ***** *NONE ASL 2/9/07*IF REQUIRED, FOREIGN FILING LICENSE
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** SMALL ENTITY **

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MO	SHEETS DRAWING 4	TOTAL CLAIMS <i>2/16</i>	INDEPENDENT CLAIMS <i>0</i>
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Examiner's Signature <i>Joseph Jacob</i>	Initials <i>ASL</i>		

ADDRESS

William Joseph Jacob
 10904 Indiana Avenue
 Kansas City, MO64137

TITLE

Periphery view goggle and remote breathing assembly

FILING FEE RECEIVED 375	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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